

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITIO.                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |          |
| <b>FORMALITY REVIEW</b>          | BZ       | 899    | 04-12-01 |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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